

**OFFICE OF THE MISSOURI ATTORNEY GENERAL**

AUTHORIZATION TO COMPLETE CRIMINAL HISTORY BACKGROUND CHECKS

Your Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

1. Have you ever been arrested, charged with, pled guilty to, or been convicted of any crime other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. I hereby give my approval for personnel of the Office of the Missouri Attorney General to complete computer MULES / NCIC criminal history checks into my background. I understand the results of the criminal history checks will be considered with my application for employment. ( \_\_\_\_\_ ) (please initial)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)